

ANNUAL SUBRECIPIENT CONTRACT DETAIL
BY PARENT
FOR THE FISCAL YEAR ENDED 6/30/05

PARENT NAME Blount Memorial Hospital

Parent Record # 571

VENDOR NAME	REF DOC NUMBER	PAYEE NAME	ALLOT CODE	TRANS CODE	TYPE	EFFECT. DAT	EXPEND AMOUNT
Blount Memorial Hospital	Z05023963	BLOUNT MEMORIAL HOSPIT	34349	103	D	3/4/2005	70,000.00
Summary for 'REF DOC NUMBER' = Z05023963 (1 detail record)							
Total for Z05023963							70,000.00